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35736 7590 03/03/2011
JHK LAW
P.O. BOX 1078
LA CANADA, CA 91012-1078

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Joy Kim	(Depositor's name)
/Joy Kim/	(Signature)
March 29, 2011	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/598,297	08/23/2006	Kyouchi Sekine	20080-00006	2497
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TITLE OF INVENTION: METHOD FOR INSPECTING FAT-SOLUBLE VITAMIN AND/OR FAT-SOLUBLE FOOD FACTOR BY SALIVA ANALYSIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$755	\$300	\$0	\$1055	06/03/2011
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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WALLENHORST, MAUREEN	1777	436-063000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list <input type="checkbox"/> the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
1.	Joseph H. Kim, Ph. D.
2.	JHK Law
3.	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MITSUBISHI CHEMICAL MEDIENCE CORPORATION

TOKYO, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies _____	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) <input type="checkbox"/> A check is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502486 (enclose an extra copy of this form).
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5. Change in Entity Status (from status indicated above) <input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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Authorized Signature _____	/Joseph Hyosuk Kim/	Date _____
_____ Typed or printed name	Joseph H. Kim, Ph. D.	March 29, 2011
		Registration No. 41,425

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